EXHIBIT G

IN THE UNITED STATES DISTRICT COURT

FOR THE NORTHERN DISTRICT OF ILLINOIS

EASTERN DIVISION

JAMES JIRAK AND ROBERT PEDERSEN,

PLAINTIFFS,

V.

ABBOTT LABORATORIES, INC.

DEFENDANT.

INDEX NO. 07 C 3626

AUGUST 21, 2009

VIDEO-TAPED DEPOSITION of RENA RICCARDI HURLEY, taken pursuant to Notice of Examination at the Crowne Plaza Hotel, 44 Lodge Street, Albany, New York, beginning at 8:28 a.m., on the above date, before Christine Greenaway, Registered Professional Reporter and Notary Public for the State of New York.

(RENA RICCARDI HURLEY)

Q. Okay. So those reps would speak with the pharmacies and try to get the drug stocked, is that --

A. Yeah, there was buyers. Like there was different -- like Abbott, you know, would -- didn't necessarily sell, you know, provide their products directly to, you know, the pharmacies. They went to I think Cardinal was one of the big, I guess wholesale groups or something, and then Cardinal would be the one that would contract with the various pharmacies.

Q. Okay.

A. So there was a buying group in the middle, and there was somebody responsible for that.

Q. Okay.

A. I mean even when I worked on getting products on formulary, I never -- it wasn't, umm, you know, there was always a middle person. I never could negotiate price, I couldn't -- you know, there were so many things that were not part of what I did.

I just would promote the attributes of the product and try to get people in the hospital to say yes, that they wanted that product there. But there

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was a limit as to what you could do.

Q. Okay. When you did achieve formulary status, did you receive credit for that accomplishment?

A. I'm sure everybody was, you know, happy, you know.

Q. Okay. What is the furthest town you've had to travel to visit a doctor when you were in the cardio med rep position?

A. Cardiology endocrinology. The furthest I had to travel, oh, gosh, I'll say at least an hour. I was living in -- yeah, and in New Jersey the traffic is, you know, crazy too, so that could add a lot of...

Q. Yeah, I understand, the traffic is pretty bad, too.

Did you ever have to drive longer than an hour? Do you remember having to do that?

A. With traffic and things, yeah, it certainly was possible.

Q. Did you visit doctors primarily in urban areas or was it more rural?

A. There was many positions. I would say for

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to send it off to Scott?

A. Uh-huh or whoever the manager was, right.

Q. And Scott was your district manager at the time?

A. My last manager, yeah.

Q. What was his last name?

A. Gordon.

Q. And what would he want you to use the information for?

A. He just wanted it, I guess if anybody asked him what was going on, I mean he was supposed to be -- you know, he was in charge of making any decisions that weren't, you know, if it wasn't strictly laid out and there was any gray area, I mean he was the person to take anything gray to.

So, you know, he would send that information up through to his boss, I guess. I guess the marketing teams or whatever.

Q. Okay. What's an example of like a gray area that you would have to approach your manager for?

A. I don't know. Gray area to approach them for. I suppose if, you know, got a call -- sometimes

you would get a call from, you know, a new office or doctor that wasn't part of your call plan. I mean you could be penalized for calling on that doctor. That's a gray area. Do I visit this person or not because it wasn't part of your call plan.

It wasn't delineated by, you know, the powers that be and so if, you know, because they would look at what percentage of calls, you know, was to whatever targets and all those things were analyzed and you were penalized if you didn't.

So that was an area that you definitely want verifications to make sure that you weren't going to be penalized for responding to a request for samples from somebody that wasn't on your call plan.

Q. Okay. So if there was a new doctor in the area that wasn't on your call plan, could you get them on your call plan?

A. Umm, you could request to. You could, you know, you could certainly add them to a system and try to get data on them, if there was data being sold, but all that would -- you would have to discuss that with your manager whether that was something you were allowed to do or not.

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Q. So you would just go in and discuss it with your manager and then he would --

A. Decide.

Q. Decide whether or not you could call on that person?

A. Right.

Q. Okay. So in terms of the morning, you stated that you pretty much prepared for the day the night before, so in the morning would you just make sure that everything was in order and then start your calls?

A. Yeah, yeah, pretty much. You know, whatever things that I had packed up the night before and make sure my trunk was in good order and ready to go.

You know, I would have things, you know, somewhat laid out, but whatever final stages of making sure my car was prepared and my detailed bag was there and I had my computer because the night before, you know, I was -- there's nothing worse than driving halfway to where you need to be and realize you didn't have your PDA with you. I mean that's not something you want to do. So you make sure you have

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A. The pre-call plan was really just reiterating whatever that call plan document said, because you had a call plan and that was really a pre-call plan.

But, you know, I guess in a very formal kind of way they wanted you to write that down into your system to say that you were going to call, you know, because -- you know, on whatever day.

It was just showing, it was, I guess, a -- I don't want to say a micromanagment technique, but I guess it was. It was a way of kind of micromanaging the reps to make sure that they were really doing what that call plan said and that they would write down this activity here happened here on this day, you know, with this doctor.

And then because it was all in the PDA, it actually had time stamps and everything so that they could I guess analysis that for whatever, you know, effectiveness. I'm 99.9 percent sure they aborted the system, but...

Q. You mentioned a core message. What do you mean by core message?

A. It is what you are supposed to say no

matter how many minutes you have or how many seconds you have.

Q. So do you have to adjust that core message depending on the time that you have?

A. You know, if you're -- you know, depending -- if -- it's a core message. It's the minimum amount of information that you should be expressing.

Q. Do you remember what the core message was for Omnicef, for example, when you were a cardio med rep?

A. Oh, gosh. You know, like for pediatrics I'm sure the core message had to do with, you know, the coverage of pathogens for treating, you know, aultites or different respiratory infections.

Q. So you would have to convey that kind of information to the doctor when you visited them?

A. Yes.

Q. Okay, and where did you get this core message?

A. From the Abbott marketing team and from the sales aids and from the sales training.

Q. And how often would you get a new core message for a particular drug?

trimester or, you know -- and they had switched that to how often they had it done, but it was such a big process, they wound up -- I think the last time we did the process it was for every six months, but initially they had it every trimester.

So three times a year you were messing with this call plan and being told what you needed to do, and then that would determine -- but your routing would also determine how often you could get there.

So it wasn't really like I'll call on him twice in a month, it was, you know, usually the maximum frequency was five that was required of you.

Q. Five per month or five --

A. Five per, you know, I guess, semester. Five, maybe six times per semester was considered a pretty high frequency, and that was because there were other reps doing the same thing, so they were getting it more than that.

And now I'm not sure -- I know it was probably a double question, so I'm forgetting what I'm supposed to answer.

Q. My question is if you're visiting these doctors five to six times per semester, and you have

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to deliver this core message each time that you visit them, do you say the exact same thing to them five to six times per semester?

A. Yeah, a lot of times you do. A lot of times you do.

I mean if you only got so far getting through the, you know, whole message or you could, you know, give it -- you would say the last time I was here, we talked about blah, you know, and you would review what you talked about and, you know, you said that you -- whatever, like this or did that and then, you know, you would take it from there.

And, you know, depending on what your call plan said -- because you may have to do five times primary for say Omnicef, but you may only have three co-primary calls for oral suspension, so then you may have to quickly go into your co-primary in order to make sure you get in one of the three that you need for that time period.

Q. Okay. So in terms of the actual conversation that you had with the doctors during each of these calls, would they be different depending on the time that you had with them?

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A. I suppose it could be a little bit different, but you're still trying to get in your core message, you're still trying to make whatever the key marketing points are. You know, repetition is, you know, sometimes helps it all, you know, stay there. So there was, you know, certainly a fair amount of repetition.

Q. Okay.

A. Umm, yeah.

Q. Would you use different or would you provide different promotional materials to doctors during various calls?

A. Only what was approved. Only what was approved.

Q. But would you be able to choose the types of -- or within your group of promotional materials that was approved, were you able to make the decision in terms of what promotional material to give to your doctor?

A. If it supported something that you were talking about, sure. But it had to be approved.

Q. Right. And ultimately what was the end result that you hoped to achieve after you visited

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Q. Okay.

A. It could be.

Q. So you could ask a doctor for a commitment or a refusal and an explanation for refusal at any point during a sales call?

A. Yeah, you could.

Q. Okay. If you look under Roman Numeral I.E, it says, "Be completely familiar with the package inserts of our products and those parts of our competitors' package inserts that are relevant to our selling efforts."

Did you receive your -- the competitors' package inserts?

A. They were in the offices, so, you know, because they were, I guess considered medical stuff that was readily available, yes, you're encouraged to use them.

And you probably did get them in direct sales training too, now that I think about it, as part of a way of preparing you to understand the differences between, you know, the different people in the market.

Q. Okay. It also, if you look at Roman

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Numeral I.G, it asks you to establish a relationship with the pharmacists in your area of your territory, and then it states that it will enable you to educate the pharmacist, obtain provider prescribing habits, and maintain current prices for our products and our competitors.

Would you gather information from pharmacies and then report them to Abbott?

A. No. No. You would, you know -- I mean sometimes you would be very disappointed to find out that physicians who, you know, the pharmacists may be filling prescriptions, but they may not be being reported, so it's not really affecting your market share even though it's something that's taking place.

Or, you know, you would certainly want them to know about your products. You could try to find out if, you know, it might be a way to find out that you have somebody who's championing your product and you may not know about it. That's not a bad thing to find out.

At one point, you know, getting price information was considered a smart thing to do, but that was a long time ago, and now you weren't allowed

to, you know, you were not allowed to go around with a homemade detail piece with pricing information. You can lose your job for doing it.

So even though that's stated there, it was something that became a definite and clear no-no, and you weren't allowed. If you were caught with a home-made detail piece, even though it was information from a pharmacy, it was grounds for termination.

Q. Do you remember when Abbott changed the policy with respect to that?

A. It, it, it was a policy. It was just not a firmly implemented policy. And then, you know, I don't know what, you know, knocked the other foot, but something happened and eventually it became like, what are you doing? I don't know if a regional manager -- I'm not sure. Something happened and that was a definite no-no.

Q. Okay. For Part II of this document, it says, it says, "Adopt, embrace and implement Five Key Coordination Strategies," and part (d) is "Physician Ownership (10 per team member)."

What does that mean?

A. This is what I was saying when you said